

Project #: _____ Group Name _____ Homeowner _____



INCIDENT REPORT

(This report is due no later than 24 hours after incident occurs.)

Information on person completing the form:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Did you witness the incident? Yes No

Information on the injured individual:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Date of Birth: _____ Gender: M F

Individual Injured is: Homeowner/Occupant of home Volunteer Staff

How and where did the injury occur (explain fully): _____

Describe the injury: _____

Was this condition already present before you were injured? Yes No

When did the symptoms first appear? _____

Did you seek medical treatment? Yes No

If so, where and what treatment? _____

Please list any witnesses to the injury:

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Signature of person completing this form _____

Date _____

CALL Rebuilding Together to report incident at (703) 528-1999

Return this form to: Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030

Fax: (703) 528-1197 E-mail: info@rebuildingtogether-aff.org